

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	C.U.M.	IN -	12/29/01
<b>FORMALITY REVIEW</b>	A.M.	917	03-14-2002
<b>RESPONSE FORMALITY REVIEW</b>	ED	674	05/21/02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	1/15/02
2	2/01/01
3	3/1/01
4	4/1/01
5	5/1/01
6	6/1/01
7	7/1/01
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9	9/0/01
10	10/1/01
11	11/1/01
12	12/1/01
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If more than 150 claims or 10 actions  
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